

Arts Education
FINAL EVALUATION REPORT: Arts Powered Schools Residency

Award period July 1 to June 30 – Final Report due no later than July 31st

School Name _____

Mailing Address _____

City _____ State _____ Zip+4 _____ County _____

Phone _____ Fax _____ ☐ new address or ☐ phone number

#Individuals Benefiting _____

Grant Number _____

#Youth Benefiting _____

Grant Amount Awarded \$ _____

Artists Participating _____

Federal Tax ID # _____

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1. **Narrative evaluation of the grant.** (attach additional sheets as necessary)
 - Complete and submit “Telling Your Story” on-line at www.artspoweredschools.idaho.gov
 - Attach a print copy of “Telling Your Story” to this form.
 2. Please submit copies of programs, publicity, and other printed materials. Please submit two photos for publication use. (attach photo credit form as needed)
 3. Summarize below the actual project budget and identify the activities and expenses supported by the award. (receipts are not required)
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EXPENSES	ICA Grant
Teaching Artist/Consultant Fee (#hrs x rate \$)	
Artist/Consultant Planning Fee (#hrs x rate \$)	
Visiting Artist Fee	
Supplies/Materials (attach itemization)	
Space/Facilities/Equipment Rental	
Travel (attach itemization)	
Other Expenses (attach itemization)	
TOTAL	\$

Authorizing Signature: “I certify that I have complied with the guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge.”

Project Coordinator

Date

Mail this form to: Idaho Commission on the Arts, PO Box 83720, Boise, Idaho 83720-0008

FOR ICA
OFFICE
USE ONLY

Program Director Review _____

Agency Approval _____